

Question	Answer
<p>Do we have to use the “section” numbering system (beginning with “Section <a href="#">4.4.3.1</a>: Title Page and Table of Contents,” or can we just use the section titles and use our own numbering system (e.g., starting with “Section 1.0: Title Page and Table of Contents”)?</p>	<p>Please see the RFP Sec 4.4.1. The format requirement is to organize and number your proposal in the same manner as the RFP so that responses can be linked directly to RFP requirements. Then, there will be no doubt as to what part of your proposal directly responds to each RFP requirement in Section 4 and the evaluators' work will therefore be aided. Please note that RFP Secs 4.4.3.5a and b relate to technical requirements in Section 3, Scope of Work. Accordingly, proposal responses to RFP Secs 3.3 through 3.12 should be identified using Section 3 paragraph numbers, again, to remove any doubt as to which RFP requirements the proposal answers.</p>
<p>Can Individual Resumes and Letters of Intended Commitment be added to list of attachments at the end of the “Volume I – Technical Proposal” narrative, rather than being inserted here? For positions to be filled by persons as of yet unknown upon execution of the contract, should Position Descriptions be substituted for Resumes, and, if so, can these also be included as attachments following the “Volume I – Technical Proposal” narrative?</p>	<p>By "inserted here", we assume you mean in response to the RFP Sec 4.4.3.6, Experience and Qualifications of Proposed Staff. Yes, you may attach resumes and letters of commitment at the end of Volume 1 as long as the appropriate cross reference is placed in your Section 4.4.3.6. The point is that your proposal should make it easy to find a response to any RFP requirement. If you must substitute a position description for a resume, placing the descriptions at the end of Volume 1 is acceptable as long as you insert the appropriate cross reference in your Section 4.4.3.6. Remember that resumes are required only for Key Personnel as defined in the RFP Sec 3.5.1. Also, please remember your technical proposal is being ranked based on the completeness of your response. If you are unable to provide resumes for all Key Personnel required by the RFP, your proposal would not be as strong as others that did and may be considered deficient.</p>
<p>Should Organizational Charts be included in “Volume I – Technical Proposal” narrative, or can it be added as an attachment at the end of the narrative?</p>	<p>An attachment in your proposal to Volume 1 with a cross reference in your Sec 4.4.3.6 would be satisfactory.</p>
<p>Should Corporate Organizational Chart be included in “Volume I – Technical Proposal” narrative, or can it be added as an attachment at the end of the narrative?</p>	<p>An attachment in your proposal to Volume 1 with a cross reference in your Sec 4.4.3.7f would be satisfactory.</p>

<p>Page 45 Award Determination: Can you further explain your methodology for evaluating the collective regions against a statewide proposal? Are you intending to take the highest scoring regional proposals, create an average score to form a collective score which will then be evaluated against the top statewide proposal?</p>	<p>The basis of award as specified in the RFP Sec 5.5.3.1 is that the proposal that is "...determined to be the most advantageous to the State" will win the award. You can read from the referenced section that both technical and price elements will be considered and ranked. It is possible technical and price components of a single statewide proposal will be collectively better, worse or equal to regional proposals. The presumption is that economies of scale may produce a lower price for a statewide proposal than the sum of regional prices giving a statewide proposal a competitive advantage. After each possibility is evaluated and ranked, combined rankings will be derived and the evaluation committee will decide which proposal or proposals result in the most advantageous offer. That proposal or combination of proposals will win the award. You can take from the RFP language that the State is looking for the best deal possible while still ensuring the job is done and done right.</p>
<p>Page 85 Financial Proposal: How did you arrive at the number of Units? Where they based on actual utilization for last year? Are these units a maximum? Is there a contingency for increased service delivery need? Do the numbers of units you reference on page 85 represent a reduction in overall services per region from last year?</p>	<p>Because the number of units has historically varied from year to year, the State estimated the loading of requirements for the three year contract period. The numbers were not based on last year but a reasonable expectation of anticipated future events. Please note the last paragraph of the RFP Attachment F warns that the Department does not guarantee a minimum or a maximum number of units. The product of multiplying the number of units times the prices submitted by an Offeror will yield an "evaluated price" which will be used to rank financial proposals. There is no contingency for increased service (units) since the Contractor will be paid for exactly the number of units accomplished in the previous month for each of the 36 months of the Contract. The number of units does not represent a reduction either but is exactly what is stated in the price sheet—the basis of the financial evaluation and ranking. An approximation of annual loading for each unit can be derived by dividing by three.</p>
<p>We need to identify all sub contractors and provide a complete description of their role</p>	<p>The date has been extended until April 19 to allow ample time for potential contractors to identify the subcontractors.</p>

relative to the proposal pg 14 section 1.20. Given the request for a statewide proposal, this is extremely difficult to accomplish given the limited turnaround time. Given that partners need to be identified, background and references checked, MOU's completed and rates need to be negotiated, is there flexibility in the submission of the partner information or would you entertain pushing the deadline for submission back?	
Historically in the Central Region, behavioral training was offered as part of the BSS grant. Has that been eliminated or is there an area within the current RFP that allows for provider training as a billable unit?	Training has been eliminated from the current RFP. Training will be made available through other sources.
Historically TAS was offered at part of the BSS cluster of services. Has this been eliminated or is there an option to offer supplemental staffing through Behavioral Support Services as outlined in this RFP?	TAS was eliminated. The Behavioral Support outlined in the RFP offers supplemental staffing to meet the needs of the people receiving the services.
If TAS was eliminated, how will you accommodate for emergency referrals?	Emergency referrals will be handled through the Mobile crisis services and Behavioral Consultation, Assessment, and Support.
What is the turnaround time for payment to providers once the monthly invoice is submitted?	The State Finance and Procurement Article, Section 15-103 states it is State policy to pay an invoice on a procurement contract 30 days after invoice receipt.
Is there an option for a prospective payment to cover the first quarter of operations given the new unit billing methodology?	No. The RFP contains no such provision and is deemed unnecessary since invoices are to be submitted and paid monthly.

Are you considering any rate increases for unit costs for year 2 and 3?	No. The price sheet is structured so that an offeror can project inflation or any assumed overhead increase and accommodate that risk through a unit price that will be unchanged over the three year period. Your challenge is to appreciate that risk drives prices upward, competition drives prices downward and then make the appropriate submission in your proposal that balances these two dynamic factors.
<p>Can you provide the following data for last year:</p> <ul style="list-style-type: none"> <li>➤ Number of individuals receiving respite per region</li> <li>➤ Average length of stay in respite</li> <li>➤ Distribution of the level of staffing intensity needs in respite (1:1, 2:1, those needing nursing care)</li> <li>➤ Number of respite cases coming directly from Emergency Rooms</li> <li>➤ Contract award amount by region for Behavioral Respite for the last RFP</li> <li>➤ Breakdown statewide of child and adult respite cases</li> <li>➤ Number of priority cases returning from out of state that need respite</li> </ul>	No. The services in this RFP differ from those currently being provided and the data collection in the current contracts does not collect this information.
It appears as though there is only one rate for respite. How will you adjust for high intensity needs such as 2:1 staffing or medical issues?	You are correct that there is a single rate for behavioral respite. It is the State's intent that your single rate will accommodate any projected variances high intensity needs might cause. Your estimate of high intensity needs should be factored into your single, per-day, proposed price for behavioral respite services.
In the Central Region there is currently a behavioral "step down" unit offered by the Chimes with additional staffing by Humanim TAS staff for high priority emergency cases. Is that being eliminated?	You may propose to structure services in any way that will accomplish the goals of the RFP. There is not a specific service type for a "step down" unit with TAS staffing.

Can you provide additional staffing for respite through behavioral support services?	Yes, if it is needed and documented.
Is there going to be an approval process for respite needs for an individual that extends beyond the designated timeframe?	Yes.
On page 26: 3.2.3 it is mentioned that State Residential Centers can be utilized for respite. If so, can other regions utilize them? How will the per unit cost be factored? Will they accept behavioral respite emergencies?	Behavioral respite done through the BSS contract is to be provided in the community and not in the State Residential Center.
Can an individual receiving residential services access behavioral respite? Can the behavioral respite be provided in their residential placement with augmented staffing?	Yes, an individual who is receiving residential services can access behavioral respite. No, behavioral respite cannot be provided in their residential placement. People can receive behavioral supports in their residential placement if appropriate.
What is your definition of an approved on call caregiver? How does one get approved? Can we get a list of the current approved on call caregivers?	There is not a list of approved on call caregivers. Caregivers would be approved by the contractor who is responsible for oversight.
Can you bill for phone calls versus onsite intervention?	Yes. If the crisis can be resolved through telephone intervention then it can be billed. If the telephone intervention determines that an onsite intervention is needed, the time for the telephone intervention can be included with the onsite intervention.
Can you give us data regarding: a. Number of Mobile Crisis calls each year in each region	Mobile crisis is not currently a DDA BSS service so there would be no data available on any of these requests.

<p>b. Breakdown of origination of the call (Police, Family, Provider, DDA)</p> <p>c. Disposition of the cases</p>	
<p>Page 29: 3.4.2.1 b: What does it mean to “address the needs of the person in need of crisis”?</p>	<p>Page 29:3.4.2.1 b says “the Contractor shall provide or arrange access to a specially trained pool of personnel available on short notice to provider agencies and caregivers to address the needs of the person in need of services.” This means that Mobile Crisis Intervention Services should be available to meet challenges and needs of the person the BSS services are being requested for.</p>
<p>If there are recommendations to supplement staffing to keep the person experiencing the crisis from the ER or inpatient, how will that be accomplished?</p>	<p>Recommendations for immediate, short term supplemental staffing can be provided through the BSS behavioral support. Recommendations for long term staffing changes will follow the Request for Service Change process.</p>
<p>Can you utilize a 1:1 staff para-professional non-credentialed staff to support the person in need and/or the family? If so, is there a cap on the number of hours and how will it be billed?</p>	<p>The Contractor will propose their staffing. Staffing requirements are found on page 31 in 3.5 Personnel Requirements.</p>
<p>Has Emergency Consultation been eliminated? If not, which hospitals have utilized the Emergency Consultation in each region?</p>	<p>Behavioral Consultation will be provided as indicated in the RFP.</p>
<p>Will psychological assessments/testing be a billable service? And at what unit rate?</p>	<p>A psychological assessment or psychological test given is treated as a unit of service as described in the RFP Attachment F, Financial Proposal Form, and can be invoiced accordingly. The invoice amount would be at the unit price proposed for a completed assessment or test for Behavioral Assessment Services.</p>
<p>How are you defining a “completed behavioral assessment”?</p>	<p>A completed behavioral assessment is an assessment that is written and submitted to the individual, family or primary caregiver, and the DDA Regional office.</p>
<p>How do we bill DDA for other evaluations needed that aren’t covered under the persons insurance</p>	<p>Evaluations not covered by the person’s insurance and necessary as part of the BSS service would be billed to DDA at the state established rate.</p>

like neuropsychological or other testing as referenced in the RFP?	
There doesn't appear to be a specific mention in the RFP regarding the need to develop "behavior plans" though components of the BP process are mentioned throughout this section. Do you have specific parameters in mind for Behavior Plans?	Behavior plans are an assessment that can be completed for a person in need.
Can you clarify the timeline for preparing written reports of individual assessments and recommendations? Are you saying the 15 day timeline begins after the initial functional assessment?	Page 28 3.4.3.1 e: The "preliminary behavior support plan shall be completed within 24 hours of the intervention to resolve the immediate crisis." "The Regional Office contact and Contract Monitor shall receive a copy within 48 hours of the initial assessment/consultation." Page 30 3.4.2.2 b 5): Behavioral Consultation includes: "Preparing written reports of individual assessments and recommendation within fifteen (15) calendar days of the first assessment ."
Do you have metrics for the average number of units utilized to complete a Behavioral Assessment and Consultation? Is there a cap on the number of service units per individual intervention?	There are no metrics for average number of units. There is not a cap on service units.
Are there minimum requirements for the management staff who will be needed to actually accept and manage referrals, assign work to the project staff, provide training to the provider community, provide outreach to the local hospitals and clinics, manage behavioral respite, and complete administrative reports?	The RFP contains no minimum requirements for the labor classification in your question. The State expects that personnel hired are capable and qualified to perform the tasks given to them by the Contractor efficiently and effectively. Please keep in mind the Contractor will be accountable for the performance requirements specified in the RFP.
How will interpretation services be paid for?	The Offeror will absorb the cost of the services as mentioned in the RFP, Attachment F,

	next to the last paragraph which states in part, "All Financial Proposal prices entered below are to be fully loaded prices that include all costs/expenses associated with the provision of services as required by the RFP. An example of such a cost is interpretation services in the RFP Sec 3.12."
Historically, Emergency Consultation has been provided under the grant. They are not mentioned in the RFP. Have they been eliminated?	The RFP includes the services that will be provided.
Do the licensed psychologist and psychology associate need to be employees of the contractor or can they be contracted consultants?	The RFP does not require the psychologist and psychology associate to be a direct employee of the Contractor. Please keep in mind that the RFP Section 4.4.3.7f and g require the Offeror to submit in its proposal specific information about its subcontractors. Also, please remember that the State's Contract (Atch A), Section 27 requires the Contractor to obtain prior written approval for its subs.
Are licensed professional clinical counselors able to perform the work required?	Page 29: 3.4.2.1 d: "The Contractor's Mobile Crisis Intervention Teams may include, but are not limited to, licensed social workers, licensed behavior analysts, licensed psychology associates, licensed psychologists, licensed speech and language therapists, and licensed or registered nurses."
How will the contractor access information needed?	The contractor will be given access to the DDA PCIS2 database for needed information.
Is there a limit on the number of units allowed?	There are not limits on the number of units allowed.
Must the contractor be a licensed provider?	The contractor does not need to be a licensed provider but must meet requirements in the RFP.
Can a variance on time to submit plans be considered due to the need to have them reviewed by Standing Committees?	Plans must be submitted as indicated in the RFP.
Can units be moved around the state to accommodate need?	There is not a limit on the units allowed so there is no need to move units around.



**DUE TO THE NUMBER OF QUESTIONS RECEIVED, THE DEPT. IS STILL REVIEWING QUESTIONS AND PREPARING ANSWERS. THEREFORE, ADDITIONAL QUESTIONS AND ANSWERS WILL BE FORTHCOMING.**